



2021 Tractor & Machinery Safety Registration and Behavioral Agreement

Please complete registration information below:

Name _____ DOB ____/____/____

Address _____

City _____ State _____ Zip _____ Gender (*Circle One*) **M** **F**

Parent/Guardian Name _____ Phone (____) _____ - _____

Email _____ List any special learning accommodations the student

has in the classroom at school: _____

Participants must wear closed-toe shoes and appropriate attire for weather and operating farm machinery. All participants must be physically large enough to reach and operate all tractor controls while fully seated in the tractor seat. All COVID-19 safety protocols will be followed. Participants must wear a mask over the nose and mouth at all times. Hand sanitizer will be available. Participants will be sent home if these protocols are not followed.

Behavioral Agreement:

Safe operation of tractors and farm machinery requires the operator to have mature behavior and a positive attitude towards safety. Throughout this course student's behavior and attitude is evaluated by the instructors. Participants that do not demonstrate appropriate behavior or a safe attitude in the class fail to demonstrate important skills and abilities for an operator to possess.

Participants who fail to demonstrate appropriate behavior or safe attitudes such as being disrespectful of instructors and/or other participants, failing to follow directions, being disruptive in the course, and action that demonstrates unsafe behavior related to equipment operation or towards other participants will be removed from the course. Students removed from the course will not receive a refund for the course fee.

Receiving certification for successfully completing the training is a privilege, not a right.

I understand the above expectations and consequences for failing to behave appropriately or unsafe attitudes, accept them, and agree to follow them.

Participant's signature

Date

I, as parent or guardian, understand the above expectations and consequences, accept them, and agree to follow them.

Parent or guardian signature

Date

Mail this completed form, the (completed) activity waiver and \$40 check to: Monroe County UW-Extension Office, 206 South K St. Sparta, WI 54656.